To Be Completed by MPD Staff Name | Rank | CAD No. **COMPLAINT FORM** Incident Summary (IS) Number GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF POLICE COMPLAINTS 1400 I Street, NW, Suite 700 Date & Time Complaint Received Washington, DC 20005 Tel: (202) 727-3838 Fax: (202) 727-9182 24-Hour Toll-Free Hotline: (866) 588-0569 To Be Completed by OPC Staff **OPC Control Number** www.policecomplaints.dc.gov dcpolice.complaintsoffice@dc.gov **Date & Time Complaint Received** How Did You Hear About OPC (please specify): Received: In Person | Fax | E-mail | U.S. Mail | MPD | Other (please specify below): Complainant's Name - Last, First, Middle Date of Birth Race or Ethnicity Gender Home Address **Home Telephone Number** Email Address Cell Number **Alternate Contact Information Date of Incident** Location of Incident Time of Incident Day of Week Incident Police Vehicle No. / Description Occurred Officers Involved (name, badge number, police district, if known) Physical Description of Officer(s) (hair and eye color, height, sex, race/ethnicity, etc.) Describe Injuries (if any) Where Treated (name of hospital, doctor, etc.) Name(s), Telephone Number(s) or Contact Information for Other People Present During the Incident (including Preferred Language of Communication (if other police officers) other than English)

Form OPC-1 (04/18) (Reverse Side)			
Complainant's Name – Last, First, Middle			OPC Control Number
			To Be Completed by OPC Staff
			Ty
Describe the Incident:			
Attach Additional Pages if Necessary Complainant's Certification	Page	of	
I hereby certify that, to the best of my knowledge	e, the sta	tements made herein are t	rue. I acknowledge that the making of false
statements is punishable by criminal penalties.	,		
Complainant's Signature	_	Date	-